U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Sylvester Needham	Name Local 813 I.B.T.
	Labor Organization File Number 036-119
P.O. Box, Bldg., Room No., if any C/O Local 813 I.B.T.	P.O. Box, Building and Room Number, if any Suite 600
Street 45-18 Court Square, Suite 600	Street 45-18 Court Square
City Long Island City	City Long Island City
State New York ZIP Code + 4 111101-4347	State
5. Position in labor organization.  President	
A. Held an interest in, engaged in transactions (including loans) with, or	sions set forth in the instructions):  derived income or other economic benefit of
A. Heid an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	on represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount.
City	
State ZIP Code + 4	
Sign	ature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned knowledge and belief, true, correct, and complete. (See the see	ing documents), has been examined by the signatory and is, to the best of the
	Secretary and the secretary an
Signed Signet Level	On 8/3/05 718-937-7010 Telephone Number
Form I M-30 (2003)	

Name of Person Filing Sylvester Needham		File Number <b>U-</b>
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the busines: ively seeking to represent, or directly to or otherwise	S
8. Name and address of Business (including trade name, if any).  Name Local 813/1034 Severance&Retirement Tr. Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 600  Street 45-18 Court Square  City Long Island City  State New York ZIP Code + 4 11101-4347	9. Business deals with:   a. Labor Organiza  b. Trust  c. Employer	tion
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	24
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	European communication and a communication and	ng. 1034 Severance & Retirement Trust
Street	**************************************	energia de descritación de energia de energi En en energia de energia de entre en en entre e
City	11.b. Approximate dollar valu	Commission was a service of the commission of th
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State  ZIP Code + 4	\$20,000,000,000,000,000,000,000,000,000,	ando Educational Conference
State ZIP Code + 4  C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	Attended IFEBP Orla	
C. Received from any employer (other than an employer covered under	Attended IFEBP Orla	ando Educational Conference
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:	Attended IFEBP Orla  12.b. Amount.  r parts A and B above) or other thing of value.	ando Educational Conference

Name of Person Filing Sylvester Needham	 File Number <b>U-</b>

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Local 813/1034 Severance&Retirement Tr. Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 600  Street 45-18 Court Square  City Long Island City	a. Labor Organization  b. Trust  c. Employer
State New York ZIP Code + 4 11101-4347	44 a Matura of augh desline
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	11.a. Nature of such dealing.  Related Local 813/1034 Severance & Retirement Trust Fund
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$2,604,616
	12.a. Nature of interest held or income received.
	Attended Trustee Meeting-Parking Expense Reimbursement
	12.b. Amount. \$28

Name of Person Filing Sylvester Needham	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Local 813/1034 Severance&Retirement Tr. Fund  Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any Suite 600	b. Trust	
Street 45-18 Court Square	c. Employer	
City Long Island City		
State New York ZIP Code + 4 11101-4347		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	Related Local 813/1034 Severance & Fund	Retirement Trust
State 7 Production of the control of	11.b. Approximate dollar value of such dealing.	\$2,604,616
	12.a. Nature of interest held or income received.	TO THE MET PROPERTY OF THE CONTROL O
	Attended Segal Advisor Puerto Rico Conference	Educational
	12.b. Amount.	\$3.153

Name of Person Filing	Sylvester Needham	File Number <b>U-</b>
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Local 813/1034 Severance&Retirement Tr. Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 600  Street 45-18 Court Square  City Long Island City  State New York ZIP Code + 4 11101-4347	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	Related Local 813/1034 Severance &	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$2,604,616
	12.a. Nature of interest held or income received.	
	Attended Trustee Meeting - Parking Reimbursement	Expense
	12.b. Amount.	\$29

Name of Person Filing Sylvester Needham	File Number U-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Local 813/1034 Severance&Retirement Tr. Fund	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Suite 600	b. Trust	
Street 45-18 Court Square	c. Employer	
City Long Island City		
State New York ZIP Code + 4 11101-4347		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Related Local 813/1034 Severance & Fund	Retirement Trust
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		***************************************
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$2,604,616
	12.a. Nature of interest held or income received.	gopernos pressos recomposorem en conseguencia conseguencia con conseguencia (conservizare la colonida con conseguencia con co
	Attended Trustee Meeting - Parking Reimbursement	Expense
		2000
		A CONTRACTOR OF THE CONTRACTOR
	12.b. Amount.	\$25

Name of Person Filing Sylvester Needham	File Number <b>U</b> -

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Local 813/1034 Severance&Retirement Tr. Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 600  Street 45-18 Court Square  City Long Island City  State New York  ZIP Code + 4 11101-4347	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	Related Local 813/1034 Severance & Fund	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$2,604,616
	12.a. Nature of interest held or income received.	aminatura anticolori del conserva de la conserva d La conserva de la co
	Attended Trustee Meeting - Parking Reimbursement	Expense
	12.b. Amount.	\$31

Name of Person Filing Sylvester Needham	File Number <b>U</b> -
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Local 813/1034 Severance&Retirement Tr. Fund	a. Labor Organization	
P.O. Box, Bldg., Room No., if any Sutie 600	a. Labor Organization b. Trust	
Street 45-18 Court Square	c. Employer	
City Long Island City		
State New York ZIP Code + 4 11101-4347		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Related Local 813/1034 Severance & Fund	Retirement Trust
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$2,604,616
	12.a. Nature of interest held or income received.	
	Attended Trustee Meeting - Parking Reimbursement	Expense
	12.b. Amount.	\$30

Name of Person Filing Sylves	ter Needham	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Local 813/1034 Severance&Retirement Tr. Fund	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Sutie 600	b. Trust	
Street 45-18 Court Square	c. Employer	
City Long Island City		
State New York ZIP Code + 4 11101-4347		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name  Name	Related Local 813/1034 Severance & Fund	Retirement Trust
Trade Name, if any:		**************************************
P.O. Box, Bldg., Room No., if any		Service and a se
Street		
City		***************************************
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$2,604,616
	12.a. Nature of interest held or income received.	1000-000-0000-000-000-000-000-000-000-0
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	12.b. Amount.	\$38

Name of Person Filing Sylvester Needham	File Number <b>U-</b>
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8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Local 813/1034 Severance&Retirement Tr. Fund	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any Sutie 600	Management of the Control of the Con
Street 45-18 Court Square	c. Employer
City Long Island City	
State New York ZIP Code + 4 11101-4347	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name    Control of the interference of the int	Related Local 813/1034 Severance & Retirement Trust Fund
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$2,604,616
	12.a. Nature of interest held or income received.
	Attended Trustee Meeting - Parking Expense Reimbursement
	12.b. Amount. \$30

Name of Person Filing Sylvester Needham	File Number U-	
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Local 813/1034 Severance&Retirement Tr. Fund	S Labor Organization	
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P.O. Box, Bldg., Room No., if any Sutie 600	**************************************	
Street 45-18 Court Square	c. Employer	
City Long Island City		
State New York ZIP Code + 4 11101-4347		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
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Trade Name, if any:		
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P.O. Box, Bldg., Room No., if any		
Street		
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State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$2,604,616
	12.a. Nature of interest held or income received.	enternative entre entre entre actività di actività de la constitució de la constitució de la constitució de la
	Attended Board Meeting - Meeting E Reimbursement	xpense
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	12.b. Amount.	\$26

Name of Person Filing Sylvester Needham File Number U-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Local 813/1034 Severance&Retirement Tr. Fund	a. Labor Organization	
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P.O. Box, Bldg., Room No., if any Sutie 600	b. Trust	
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Street 45-18 Court Square	Saurangangs.	
City Long Island City		
State New York ZIP Code + 4 11101-4347		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
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Trade Name, if any:		·
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P.O. Box, Bldg., Room No., if any		TO STATE OF THE ST
Street		***************************************
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City		
State Zille Code + 4	11.b. Approximate dollar value of such dealing.	\$2,604,616
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	12.b. Amount.	\$75
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Name of Person Filing Sylvester	Needham	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Local 813/1034 Severance&Retirement Tr. Fund	a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any Sutie 600	b. Trust	
Street 45-18 Court Square	c. Employer	
City Long Island City		
State New York ZIP Code + 4 11101-4347		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Related Local 813/1034 Severance & Fund	Retirement Trust
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		voormen voorme
Street		WARRING TO THE TOTAL THE T
State State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$2,604,616
	12.a. Nature of interest held or income received.	
	Attended Trustee Meeting - Parking Reimbursement	Expense
	12.b. Amount.	\$30

	File Number <b>U</b> -
Name of Person Filing Sylvester Needham	7 10 7 10 10 10 10 10 10 10 10 10 10 10 10 10

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Local 813/1034 Severance&Retirement Tr. Fund	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any Sutie 600	c. Employer	
Street 45-18 Court Square	<sup>5</sup> novemble	
City Long Island City		
State New York ZIP Code + 4 11101-4347	11.a. Nature of such dealing.	
10. If 9.b. or 9.c. is checked give trust or employer's name.	Related Local 813/1034 Severance & 1	Retirement Trust
Name	Fund	200000000000000000000000000000000000000
Trade Name, if any:		en e
P.O. Box, Bldg., Room No., if any		Account of the second of the s
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	Attended Local 813/1034 Severance & Trust Fund 2004 Christmas Party	2 Retirement
	12.b. Amount.	\$87

Name of Person Filing Sylvester Needham	File Number U-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Local 813/1034 Severance&Retirement Tr. Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Sutie 600  Street 45-18 Court Square	a. Labor Organization b. Trust c. Employer	
City Long Island City		
State New York ZIP Code + 4 11101-4347		
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Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	Related Local 813/1034 Severance & Fund	Retirement Trust
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$2,604,616
	12.a. Nature of interest held or income received.	
	Registration for 2005 IFEBP Orland Conference	o Educational
	12.b. Amount.	\$1,530